

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-043499  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1714

FILED DEC 9 1963

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GREENE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 518 N BENTON		d. STREET ADDRESS (If outside, give location) 518 N BENTON	

3. NAME OF DECEASED (Type or print) First Middle Last FRANK FARMER			4. DATE OF DEATH Month Day Year 12 - 3 - 63		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct '6 1893	9. AGE (last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			11b. KIND OF BUSINESS OR INDUSTRY Plano Texas		
13a. FATHER'S NAME Ed Farmer			13b. MOTHER'S MAIDEN NAME Elvira Hugely		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No			16. SOCIAL SECURITY NO. [REDACTED]		
17. INFORMANT Address			14. NAME OF HUSBAND OR WIFE None		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-Vascular Disease</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from *Nov. 28, 1963* to *Dec. 3, 1963* and last saw him alive on *Nov. 28, 1963*  
Death occurred at *1:30 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Lyman W. Brown M.D.</i>	22b. ADDRESS <i>311 1/2 College</i>	22c. DATE SIGNED <i>12/3/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-4-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical School</i>
23d. LOCATION (City, town, or county) <i>Columbia</i>	23e. DATE RECD. BY LOCAL REG. <i>12-4-63</i>	23f. REGISTRAR'S SIGNATURE <i>Bernie Hedley</i>
24. FUNERAL DIRECTOR Herbert V Smith 602 N Jefferson St.		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

12/3/63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield  
Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.